

<b>SCC eFile</b>	<b>2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	<b>212531131</b>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: <b>AMERICAN COLLEGE OF OSTEOPATHIC SURGEONS</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>GUY D BEAUMONT JR. 123 N HENRY ST. ALEXANDRIA, VA 22314</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>ALEXANDRIA CITY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION: <b>MO</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>8/31/2012</b></p> <p>SCC ID NO: <b>F0587305</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
CLASS	AUTHORIZED				
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 123 N HENRY ST</p> <p style="margin-left: 40px;">CITY/ST/ZIP: ALEXANDRIA, VA 22314</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: ERIC A GOLDSMITH  TITLE: PRESIDENT  ADDRESS: 1236 WALDEN DR  CITY/ST/ZIP/CO: FT. MYERS, FL 33901 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: ERIC A GOLDSMITH TITLE: PRESIDENT ADDRESS: 1236 WALDEN DR CITY/ST/ZIP/CO: FT. MYERS, FL 33901	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: JAMES H MCQUISTON TITLE: PAST PRESIDENT ADDRESS: 17375 HALL RD CITY/ST/ZIP/CO: MCCOMB TOWNSHIP, MI 48044	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR			
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NAME:	DAWN BODELL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2400 Hartman Lane, Suite 100		
CITY/ST/ZIP/CO:	SPRINGFIELD, OR 97477		
NAME:	JOSEPH CARDINALE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	879 South Arlington Avenue, Suite 2		
CITY/ST/ZIP/CO:	HARRISBURG, PA 17109		
NAME:	BRUCE CHAU	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	27901 Woodward Avenue #100		
CITY/ST/ZIP/CO:	BERKLEY, MI 48072		
NAME:	DOUGLAS JOYCE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	25092 Olympia Avenue, #500		
CITY/ST/ZIP/CO:	PUNTA GORDA, FL 33950		
NAME:	RICHARD KIMMEL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	9980 Central Park Boulevard N, Suite 316		
CITY/ST/ZIP/CO:	BOCA RATON, FL 33428		
NAME:	JOSEPH LOOBY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2540 Woodmeadow Drive SE, Ste 102		
CITY/ST/ZIP/CO:	GRAND RAPIDS, MI 49546		
NAME:	RAY MORRISON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. Box 481		
CITY/ST/ZIP/CO:	CROCKETT, TX 75835		
NAME:	TODD NICKLOES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	528 Roddy Branch Road		
CITY/ST/ZIP/CO:	ROCKFORD, TN 37853		
NAME:	RODNEY ROUTSONG	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO Box 1758		
CITY/ST/ZIP/CO:	RODGERS, AR 72757		
NAME:	DAWN TARTAGLIONE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	15028 Gaillardia Drive		
CITY/ST/ZIP/CO:	OKLAHOMA CITY, OK 73142		
NAME:	DOUGLAS TROUTMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	150 W. Evergreen Ave, Apt C3		
CITY/ST/ZIP/CO:	PHILADELPHIA, PA 19118		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			

/s/ GUY D BEAUMONT JR	GUY D BEAUMONT JR, EXEC DIR	8/15/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		